

## FINANCIAL POLICY & OTHER IMPORTANT INFORMATION FOR THE DAY OF YOUR APPOINTMENT

### **Refractions**

Refraction is the process of determining not only your most accurate eyeglass/contact lens prescription, but also the best possible vision and function of your eye. It is an essential part of an eye examination and necessary in order to write a prescription for glasses or contact lens. Medicare and most medical insurance do not cover the fee for refractions. Patients are responsible for this fee and it is payable at the time of service. **NOTE:** We will file your refraction charge with your insurance plan. If your insurance policy pays this fee. We will refund your payment.

### **Medical Insurance**

Eye insurance can be complex by industry standards. We work to stay abreast of the ever-changing rules and regulations. We participate with most medical insurance plans including HMO's. Please speak with our Financial Specialist should you have any questions.

### **Authorization & Referrals**

Managed care plans require us to have a valid authorization or referral the time of service. All HMO patients **MUST** have a written referral from your Primary Care Physician on or before the day of your appointment. Patients are responsible for obtaining the referral. We accept faxed referrals from the PCP's office prior to the appointment, but will not accept any referral after an exam or procedure date. If you do not have a referral at the time of your visit, we will reschedule your appointment. Without the referral, if you choose to go forward with your appointment you will be responsible for any charges due at the time of service.

### **Medicare**

Our Medicare patients are responsible for any amount applied to your annual deductible. As a courtesy, we will file with your supplemental insurance. In the event you do not have additional insurance, you will be responsible for the total balance due.

### **Returned Checks & Past Due Accounts**

Returned checks will be charged \$40.00 to cover bank fees. Patients with an unpaid balance past 90 days of service, should contact our Financial Specialist to explore the possibility of a payment plan and agree to monthly payments.

### **Missed Appointments – "NO SHOW"**

We make every effort to provide prompt medical care to all of our patients. If you are unable to keep a scheduled appointment, please let us know within 12 hours of your scheduled appointment day/time. A **"NO SHOW"** is when a patient fails to keep a scheduled appointment. A NO SHOW will generate a \$50 fee, which is the patient's responsibility. Three (3) NO SHOW's may require that you seek medical care elsewhere. In the event that you have a special circumstance regarding your missed appointment, please contact our Practice Manager. We understand that there may be issues beyond your control and want to be understanding of special circumstance.

### **Surgery Charges**

We will make every effort to determine your insurance benefits and relay to you what you will owe for surgery charges, please keep in mind that this is just an estimate.

### **Participating Insurance Plan**

If the Doctors of North Fulton Eye Center, PC & the Cumming Eye Clinic are not a participating provider in your insurance plan, patients will be responsible for filing their own claims and for payment in full at the time of service.